

4 Fill in year 3

HAND DELIVERED

**EXECUTIVE LOBBYING
REGISTRATION FORM**



2. Name Elizabeth M. Bryant
Address 301 Main St. 1012
Business or purpose non-profit
Does this person pay you? ☒
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Elizabeth Bryant
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE

**EXECUTIVE LOBBYING
REGISTRATION/RENEWAL
ATTACHMENT FORM**

Instructions:

- Please make as many copies of this form as necessary in order to complete Question 7 of the Executive Lobbying Registration/Renewal Form.
- Fill in your Executive Lobbyist Registration No. in the space provided in the upper right hand corner of the page.
- Please identify each page with a page number and indicate the total number of pages being submitted.

1. Name Elizabeth M. Bryant
Address 301 Main St 1012
Business or purpose non-profit Advocacy
Does this person pay you? ☒
If No, who pays you? _____
2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____